



Concept Mapping: Research and Advocacy for HIV Care Providers



Brainstorming

- What are South Asian women's thoughts on bringing charges forward against their spouses who infected them? How can we engage South Asian women in research? How are they coping? Their only engagement with the HIV community is when they visit the clinic; no emotional support.
- Homeless population – how is previous trauma, addiction, mental health linked to the current trauma they are dealing with around an HIV diagnosis – how does this impact their mental health and addiction?
- What do healthcare providers know about HIV and criminalization and how do they currently counsel their patients on this topic?
- Develop an online training program for healthcare professionals and assess pre- and post-test knowledge.
- Who is the best person to counsel on criminalization and how? Healthcare providers? Social workers?
- Develop clear guidelines for healthcare providers on the messaging they are giving about criminalization.
- Are healthcare providers talking to patients about their legal obligation to disclose prior to testing and disclosure, testing to evaluate pre- and post-test counseling?
- Duty to report – research about the misinformation regarding the duty to report non-disclosure.
- More youth- and Indigenous-led research.
- Youth born with HIV – navigating their sexuality and the criminalization laws.
- Health and wellness of women living with HIV – how do we live with the criminal laws, and how does it affect our health and sex lives?
- How do we navigate the system for someone who has been charged with non-disclosure?
- Exploring ways to protect people's autonomy when they test.
- Find ways to effectively communicate the law, tailor it for different populations.
- Measuring and studying HIV disclosure and its impacts without compromising confidentiality.
- Roots of criminalization – how do we reduce HIV stigma?
- How does criminalization produce/reproduce social inequities? How are bodies impacted (e.g. Aboriginal woman in sex work vs. Jamaican man)? Does disclosure look different for different populations?
- Immigration – People living with HIV (PLWH) get informed of HIV status and the law when they test positive – work needs to be done about the process of immigration and the law, and how this process happens.

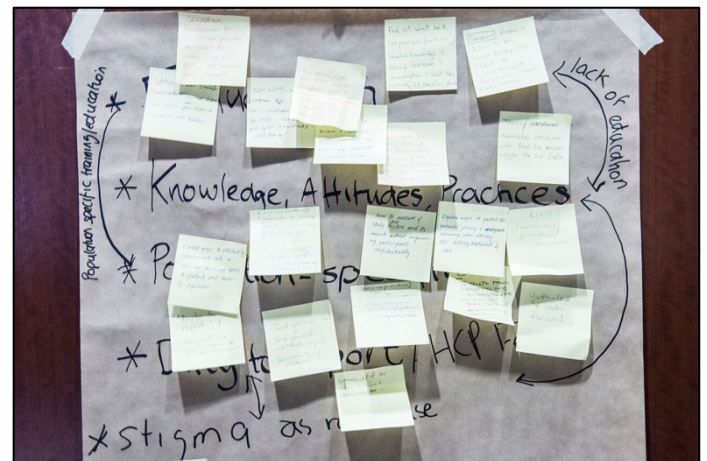




- In Ontario, done surveys and focus groups with MCFD workers and social work students to test knowledge about HIV and criminalization – they know nothing! This needs to be done at other schools in other provinces – need to link research to training, education – applied research!
- Knowledge, attitudes and behaviours of healthcare workers, social justice workers.
- Get into spaces where workers do not go, e.g. prison system – action research project to find out how they want info on criminalization.
- Highlight the fact that as HIV moves into the chronic disease realm, and being managed by GPs in the community, the level of knowledge they have is less than the specialists, so we need to tailor the education we are talking about for a lay provider, a community-based provider – there's so much misinformation given to patients.
- Discussion about how the 'duty to report' is being misinterpreted by social workers, healthcare providers, family doctors, etc. – Cases of family doctors bullying patients into disclosing to their employers, landlords, etc. – This is a larger issue of misuse of power, lack of education, poor assessments being done.
- Work needs to be done between the law, social work, healthcare – we need guidelines! How do we practice in a fear-based culture? Moral panic and impact on professionals – who are we protecting? Ourselves as workers or our patients/clients? We need to return to client-centered practice!
- How basic education affected attitudes and practices – does it make a difference?

Linking

- Education – Research to develop effective models of training for healthcare and social providers on criminalization and HIV.
- Knowledge, attitudes, and practices.
- Population-specific – understanding the nuances – Women Living With HIV (WLWH), Indigenous, youth, South Asian
- Duty to report – part of knowledge, attitudes and practices, as well as stigma (fear-driven moral panic about HIV is a new way to channel stigma, the law introduced another level of fear about HIV). Fear around HIV and people who are already stigmatized – another way to put marginalized people in jail.
- Stigma as a root cause, institutionalized stigma (racism, sexism, homophobia, and more).



Priorities

1. Research to develop effective models of training for healthcare and social providers on criminalization and HIV
2. Research on the interface between criminalization of HIV non-disclosure and intersecting stigmas, and how it is connected with the 'duty to report', and how criminalization impacts different populations.
3. Assess knowledge, attitudes/perceptions, and practices (KAP) and critical lens/commitment to social justice and human rights of health and social service providers regarding HIV and criminalization.



Concept Mapping: Research and Advocacy for **Community**

Brainstorming:

- Encourage leadership – Mayors, Chiefs, top dignitaries – to bring these issues forward and make them aware of what is happening among their stakeholders. The time to speak is now!
- Incarcerated individuals – increase advocacy for these folks.
- ‘In your face’ advocacy – struggles for infected and affected peoples. Don’t forget the affected peoples.
- Provide education for police and cultural competence training on HIV – so that Aboriginal sex workers are not targeted.
- Basic education around HIV for people on reserve.
- Nationally – understanding and promoting the legalities of non-disclosure. We kinda know, but we don’t really know. There is a lot of education that needs to happen.
- Lack of resources and conversation for sex workers and disclosure to clients.
- Youth and disclosure, youth and HIV in general. Youth don’t want to go to groups or talk about it, they just want to live their lives. How to engage youth in the conversation.
- Needs for advocacy and research – support and resources for communities that have not been given as much voice or focus – new immigrant communities. How to navigate when your community is small and the HIV community is small – not wanting to disclose to peers because this could travel into community.
- Supports for disclosure process beyond brochures – workshops? More than just a pamphlet, with input from PLWH.
- Public awareness of the harmful impact of this law. On the first thought ‘maybe there should be a law’ but when you know its impact and how it perpetuates violence... Inform the public about that.
- Rural and remote communities and the impact there.
- How does the threat of criminalization impact women’s mental health and wellbeing?
- What about women who use drugs and their experience of criminalization?
- Boom cities in rural areas and people who are working there, maybe getting exposed to HIV.
- Reaching different populations – more voices.
- Access to health care – e.g. only one Dr. for northern communities – more options for people
- Culturally-based research (e.g. Sweat Lodge)
- Use of sexual assault organizations to get access into federal prisons – prevention of sexual assault programs in men’s prisons
- Annual march or day of action for HIV and criminalization awareness. Let the public know, involve the media. This is where advocacy can go.
- Terminology – we have to look into how we can minimize the language used in the HIV field. We stigmatize people living with HIV, mental health





– the question that needs to be answered in research is how the research will come back to communities.

- We need to talk about trauma and mental health – people need to be engaged – let people know that the purpose of the research is to support their needs.
- Language barriers are huge in communities (immigrant communities) – need information available in all of these languages.
- Use of someone's HIV status as a control in a relationship – between men and women and in queer relationships, where there is a generational difference. More information needed on where to go if this is happening to you.
- Trans community – not enough information out there, basic health information and also stigma experienced by trans folks.
- What does HIV stigma look like for people born with HIV? What can we learn about resilience from them? What happens when they age out of care?



Linking

- Raising awareness – within the public, with Chief and Council, with police – through actions such as marching, day of action, one day event once a year.
- How can research ask the questions that really matter?
- Great brochures exist – but we need something beyond this. Workshops? Women can't always take home brochures. Drama and music. More on disclosure taught through art?
- Research – making sure that we are capturing the experiences of sub-populations that are hard to reach with research (unlikely to participate)

Priorities

- 1) Advocacy priority – Yearly day of action to end violence against women living with HIV, e.g. march, day with Chief and Council, day with police.
- 2) Education priority – culturally relevant, accessible and peer-driven education and working to expand the reach of materials that exist. Use art, drama and music.
- 3) Intersectionality – Ensure that all research, education and advocacy activities are informed through the lens of needing to examine needs and priorities of sub-populations.



Concept Mapping: Research and Advocacy for **Law Reform**

Brainstorming

Research on:

- How science is presented and understood in court processes – particularly evidence of expert witnesses, considering Emma Cunliffe’s work on logical fallacies in expert testimony.
- How the laws impact violence experienced by WLWH.
- Population-level impact of consent for HIV testing, on acceptability, uptake, follow-up of care.
- How we interpret fraud in consent law, sexual fraud.
- Shift or sharing of responsibility from the HIV positive person to disclose their status to the HIV negative person to obtain information about the sexual status of partners.
- Effective ways to translate and communicate research to lawyers, judges, prosecutors, law enforcement.
- Understanding the drivers of public opinion and understanding on impacts of HIV criminalization.
- Effective alternatives to laws to achieve the same goals, including sexual literacy, public health campaigns.
- Relationship between police and court systems, racism and criminalization, including the impacts inside/outside the justice system.
- Court outcomes – what has been successful – and how to relay that information to WLWH so they can incorporate that knowledge into their sexual practices.
- Fear, stigma resulting from criminalization and how they act as barriers to reporting violence or talking to service providers, police.
- The attitudes of public health physicians, medical health officers, on HIV consent and criminalization. Confidence does not always equal accuracy. What is driving their knowledge and interpretation of the Public Health Act? Key public opinion leaders – What is their true knowledge base? What is driving that?
- Attitudes and understandings of decision-makers in this area, such as Parliamentarians, politicians, leaders.
- The appropriateness of HIV non-disclosure being categorized as a sexual offense resulting in sex offender status, and how other more educational avenues might be more appropriate.
- What professionals (health and others) understand around HIV, transmission, disclosure – HIV education in the context of criminalization. How should professional practice be adjusted to not inadvertently put patients or clients at additional risk of prosecution under the law?
- The impact of being charged with sexual assault, publicized, convicted, shamed in the media, on access to healthcare and services.
- Available information, support for people charged: rights, knowledge of the law, procedure, translation.
- How criminalization is received by and impacts different subgroups – men who have sex with men (MSM) community, women, cultural groups, people who use drugs, etc.

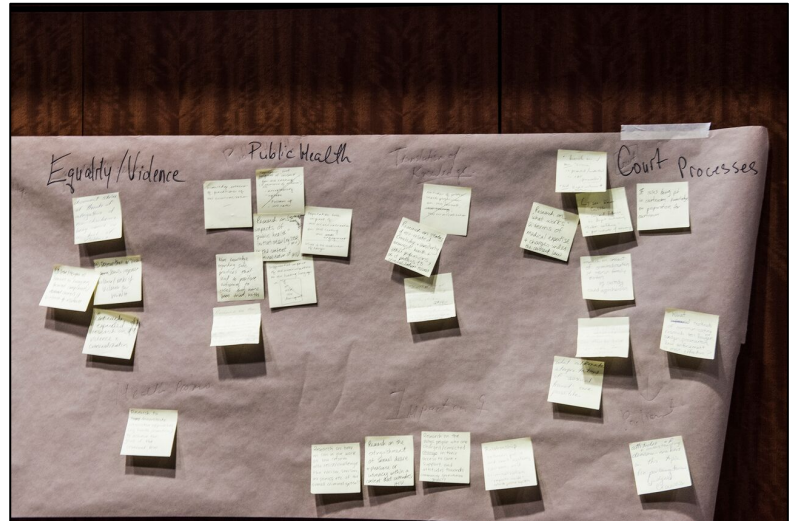




- The stories of women who have been threatened with charges for HIV non-disclosure as part of abuse, violent relationship – Qualitative research
- How the mental health status of the accused is being dealt with by the courts, if incorporated at all.
- The impact of criminalization on family court matters e.g. custody, child apprehension.
- The extinguishment of sexuality, needs of intimacy, relationships, in context of HIV criminalization.
- The overrepresentation of Aboriginal women and systemic racism.
- Prosecutorial priorities and how they are set, as well as how to influence them.
- Universities' and other institutions' policies of confidentiality for researchers.

Linking

- Long term goal is law reform: changing the application of the Criminal Code sexual assault provisions to no longer be used in regards to HIV non-disclosure.
- Short term goal is working within the current system to improve individual outcomes once accused/charged, and to prevent charges.
- Equality/violence – In relation to Section 7 of the Charter, and an equality argument, research that pertains to gender-based violence for WLWH in the context of criminalization.
- Public health – research that pertains to HIV testing, care, access, treatment, other public health goals and how HIV criminalization impacts these goals.
- Court processes – more about working within the system to improve outcomes, considering expert testimony, prosecutorial guidelines and priorities, etc.



Priorities

- 1) Research on how criminalization of HIV non-disclosure exacerbates gender-based violence.
- 2) Research on the impact of the criminalization of HIV on people's engagement in HIV testing, care, treatment, and other public health goals.
- 3) Research on court processes, including assessment of expert testimony, and what guides prosecutorial discretion and priorities, in relation to HIV non-disclosure.

NOTE: We believe it is crucial for the idea of PHAs, self-determination, and the principles of GIPA and MIPA to be emphasized in all research.



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